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*MANAGEMENT BRIEF* provides VA senior management with a timely and concise summary of an important HSR&D finding or publication.

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## Racial-disparities research: *Medical Care* Special Supplement

HSR&D funds studies that address important initiatives in understanding racial and ethnic variation in health care services. Findings from thirteen such studies are featured in the January 2002 *Medical Care* Special Supplement. The study of racial variations and disparities in health care is particularly important to the VA because the veteran population contains a greater proportion of underrepresented minorities than exists in the country overall. The HSR&D studies in the *Medical Care* Supplement cover an array of issues surrounding racial variations in health care. These issues include perceived barriers to mental health care among American Indian veterans; the impact of race on cardiac and cancer care; black and Hispanic veterans and treatment programs for posttraumatic stress disorder (PTSD); and understanding racial disparities in access and utilization of health care.

Most of these studies show no significant racial variations in access, provision of services, or outcomes in VA health care. For example, one study shows that after acute myocardial infarct (AMI) there was no difference in mortality at 30 days, 1 year, and 3 years between black patients and white patients. Another study shows no significant difference between black and white patients in the incidence of 30-day postoperative rates of MI or stroke. A study that examined differences in treatment processes and outcomes among minority veterans treated in specialized intensive VA programs for war-related PTSD showed no differences among black, Hispanic, and white patients on most measures. Two studies in the Supplement did show differences in access and outcomes among minority patients and warrant further investigation. VA is working to develop and evaluate innovative strategies to address racial and ethnic variations.

Racial-Disparities Research in Veterans Health Care Administration. *Medical Care* January 2002 40(1). Supplement.

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